

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

					Trace portion of				
Establishment Name						Telephone Number	Date of Inspection PERMIT # (mm/dd/yr)		PERMIT #
Theatre Works of Southern Indian						812 725 7601	بداره أ	1. 4	19-325
Establishment Address (number and street, city, state, zip code) 203 E. Main St. Man Albay, IN 47160							9/20	0/19	1 12 723
Owner	/~la/n	3F;	Non Milay,	1~ 7160		BIZ 844 105	· ·	181	
Owner						Purpose: Routine	Follow-u	-	se Date
Owner's A	ddress		•				No		days
						2. Follow-up	Summary of Violations:		
Person in Charge Chris Bundy						3. Complaint 4. Pre-Operational	$C \bigcirc NC \bigcirc R$		
Responsible Person's E-mail						5. Temporary Menu Type (See back of page)			
						6. НАССР			1 10 F 76 77
Certified F	ood Mana	ger				7. Other (list)	1	3	_45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R To Be Corrected By									
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Received by	(name and	/ 1	ed):	Chris	Burdy	Inspected by (name and title A.) .	printed): Ingram	(EHS)	
Received by (signature):						Inspected by (signature):			
cc;				cc:			ce:		
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